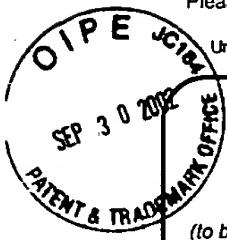


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TRANSMITTAL FORM

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Total Number of Pages in This Submission

15

Application Number	09/424,482
Filing Date	February 29, 2000
First Named Inventor	CHOO, Yen
Group Art Unit	1627
Examiner Name	Wessendorf, T.

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ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
				<input type="checkbox"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Joe Liebeschuetz	Reg. No. 37,505
Signature		
Date	September 25, 2002	

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	September 25, 2002

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PA 3252607 v1

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

SEP 30 2002

TOTAL AMOUNT OF PAYMENT (\$ 55)

Complete if Known

Application Number 09/424,482

Filing Date February 29, 2000

OCT 03 2002

First Named Inventor CHOO, Yen

TECH CENTER 1600/2901

Examiner Name Wessendorf, T.

Group Art Unit 1627

Attorney Docket No. 019496-006210US

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number	20-1430				
Deposit Account Name	Townsend and Townsend and Crew LLP				
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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fees from below	Fee Paid
25	2		-27** = 0	X \$9 = \$0	\$0
			-2** = 0	X \$42 = \$0	\$0
X =					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$0)	

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
		Fee	Fee	Fee	Fee
		Code	(\$)	Code	(\$)
		105	130	205	65
		127	50	227	25
		139	130	139	130
		147	2,520	147	2,520
		112	920*	112	920*
		113	1,840*	113	1,840*
		115	110	215	55
		116	400	216	200
		117	920	217	460
		118	1,440	218	720
		128	1,960	228	980
		119	320	219	160
		120	320	220	160
		121	280	221	140
		138	1,510	138	1,510
		140	110	240	55
		141	1,280	241	640
		142	1,280	242	640
		143	460	243	230
		144	620	244	310
		122	130	122	130
		123	50	123	50
		126	180	126	180
		581	40	581	40
		146	740	246	370
		149	740	249	370
		179	740	279	370
		169	900	169	900
		Other fee (specify)			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)			
		(\$55)			

SUBMITTED BY					
Name (Print/Type)	Joe Liebeschuetz	Registration No. (Attorney/Agent)	37,505	Telephone	650-326-2400
Signature	<i>J. Liebeschuetz</i>			Date	September 25, 2002

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